

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED			VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY		9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE (See Instructions)	
		<input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		<input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other			
11. OFFENSE(S) CHARGED (Cite US. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS and social security # _____  Telephone Number: _____				13. COURT ORDER			
				<input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co—Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Atty. <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____  <input type="checkbox"/> Appointment Date: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other(See Instructions)			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)				_____ Signature of Presiding Judicial Officer or By Order of the Court  _____ Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at the time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>CLAIM FOR SERVICES AND EXPENSES</b>					<b>FOR COURT USE ONLY</b>		
CATEGORIES (Attach itemization of services with dates)				HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH /TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. I n  C o u r t	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(RATE PER HOUR = \$ _____ ) TOTALS:							
16. o u t  C o u r t	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and other work (Specify on additional sheets)						
(RATE PER HOUR = \$ _____ ) TOTALS:							
17. Travel Expenses (lodging, parking, meals, mileage etc.)							
18. Other Expenses (other than expert, transcripts, etc.)							
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>							
19. CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE					20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
FROM: _____ TO: _____							
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court have you or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.  Signature of Attorney _____ Date _____							
<b>APPROVED FOR PAYMENT - COURT USE ONLY</b>							
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
27. TOT. AMT. APP./ CERT		28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES	
33. TOTAL AMT. APPROVED		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE	